

1510 18th Street • County Courthouse • Central City, NE 68826 • Phone (308) 946-3103 • Fax (308) 946-2086

APPLICATION

For operation of a

Swimming Pool – Spa - Wading Pool

\$113 Permit fee must be included when submitting this form Payable to: Central District Health Department

Please fill out this form completely. If requested information is unknown, indicate so. Incomplete or inaccurate information may cause a delay in processing of report.

Business Name:		
Street Address:		
Owner(s) Name:		
Billing Address:		
Pool Manager:		
Contact Phone #: ext:	_	
X Owner/Pool Operator	/ / Date	
APPLICATIONS ARE ACCEPTED 30-DAYS PRIOR TO	O EXPIRATION OF EXIST	TING PERMIT
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INSPECTOR USE ONLYApprovedDenied	Date:	
Pool Classification: A B C D		
Comments:		
OFFICE USE ONLY Date Received: / / Amount pd \$		

"The leader in assuring a healthy community."